

3 5M 8-16-35

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

104✓

(This return should preferably be made  
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.\*.....

Place of Birth Claypool County Yuma No. 275 P.R. St.   
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number* in order of birth
<u>girl</u>			<u>6</u>
DATE OF BIRTH* <u>November 4</u> 193 <u>0</u>			
(Month) (Day) (Year)			

FATHER  
FULL NAME Kimble Edward Tankersley

MOTHER  
FULL NAME Ethel Ella Williamson

I HEREBY CERTIFY that the child described herein has  
been named

Clia Lee Tankersley  
(Give name in full) (Surname)

K. E. Tankersley  
(Parent's Signature)

Charles E. Irwin  
(Signature of Physician or Midwife)

\*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

Form X

338-1104-564